

EXHIBIT 2

DECLARATION OF IAN ALEXANDER

I, Ian Alexander, say and declare as follows:

1. I am an individual over 18 years of age and competent to make this Declaration.
2. If called upon to do so, I could and would competently testify as to the facts set forth in this Declaration.

3. The facts set forth below are true of my personal knowledge.

4. I make this Declaration in support of our request to allow the late filing of proofs of claim on behalf of myself, Ian Alexander, my wife, Lisa Alexander, and my son, Kellan Alexander and his wife, Noel Alexander and my daughter, Pari Alexander.

5. My wife and I owned a home at 3820 Clear Ridge in Santa Rosa that was completely burned down by the Tubbs Fire in 2017.

6. In mid-December 2019, I went to the website for filing the PG&E proof of claim as directed by the article I read and completed the form. I thought it was all good.

7. I believed that I filed a timely filed a Proof of Claim prior to the Bankruptcy Court deadline on December 31, 2019 for my family's loss, but apparently the claim did not get timely filed by the deadline. I was pro se and had no lawyer help but attempted myself to file my family's claim, but somehow it failed.

8. In January 2020, I learned you could check on your claim on line and attempted to do so. I could not find my claim on line so out of an abundance of caution I re-filed (or perhaps filed) my family proof of claim on January 27, 2020. I assumed either that would cure the issue or if there were two claims at that point only one would be processed. I was still pro se. My Proof of Claim dated January 27, 2020 is attached as Exhibit A.

9. I then proceeded to file my FVT claim questionnaire once that process existed. My family claim questionnaire is attached as Exhibit B.

10. The FVT assigned me CO ID 10004476.

1 11. The FVT assigned each family member the FVT Claimant ID below:

2
3 **FVT Claimant ID.** **Name**
4 1032262 Ian Alexander
5 1034739 Kellan Alexander
6 1034740 Lisa Alexander
7 1034742 Pari Alexander

8
9
10 12. I was unaware that my claim was untimely with the Proof of Claim due to
11 whatever glitch originally kept my Mid-December 2019 Proof of Claim from being accepted. No
12 one notified me that the January 2020 Proof of Claim was untimely until August 2022 when the
13 FVT denied my claim and told me I needed to file a motion with the Bankruptcy Court to accept
14 my January 27, 2020 Proof of Claim as timely. At that point in August 2022, I stopped being pro
15 se and hired Roy Miller as my attorney to help.

16 13. Not only was my claim not rejected online when I filed it in late January 2020, but
17 it was forwarded to the FVT portal and I received two years' worth of alerts and instructions from
18 FVT and I completed my documentation for payout and waited for a determination. This included
19 a period from August 2021 to August 2022 when my portal documents showed that my claim was
20 "under review" and there were no obstructions to a determination (I uploaded this Excel file to
21 you). I also emailed FVT twice during the year to confirm that "under review" meant "active"
22 review, not just in line for review, and to alert them that I was concerned there might be some
23 technical error as it was taking so long for any kind of movement. They told me that my claim
24 would be handled in the proper order.

25 14. So it appeared to me that everything was on track and my initial submission had
26 gone through. I cooperated with the FVT and provided all requested information for over one
27 year before being told there was an issue with the original 2019 Proof of Claim failure.

28 15. As for my family, my wife Lisa, daughter Pari, son Kellan and his wife Noel, they
29 were living with us at the time. My wife and I are the homeowners and as the head of the
30 household I understood that I could file for everyone. None of the others would have the
31 knowledge or information to file separately, let alone in a timely manner.

32 //

1 16. The family date of births are:

2 Lisa 03/13/1964
3 Kellan 02/24/1992
4 Noel 5/31/1993
5 Pari 9/6/1994

6 17. I am asking the Bankruptcy Court to please allow my family claim that I have been
7 pursuing pro se for over a year with the FVT to be considered timely. Although my original Proof
8 of Claim failed for unknown reasons, my January 27, 2020 Proof of Claim was only 27 days late
9 and should be allowed.

10 I declare under penalty of perjury under the laws of the State of California that the forgoing
11 is true and correct and executed this 5^h day of April 2024.

12
13 */s/ Ian Alexander*
14 Ian Alexander

EXHIBIT A

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA (SAN FRANCISCO DIVISION)

In re:
PG&E CORPORATION,
- and -
PACIFIC GAS AND ELECTRIC
COMPANY,
Debtors.

Bankruptcy Case
No. 19-30088 (DM)

Chapter 11
(Lead Case)
(Jointly Administered)

Proof of Claim (Fire Claim Related)

Read the instructions before filing this claim form. This form is for tort claimants who have a claim against the Debtors (i.e. PG&E Corporation and Pacific Gas and Electric Company) that arose prior to the Debtors filing for bankruptcy (i.e. prior to January 29, 2019) and that arose from, or relates to, a fire.

Do not use this form for non-fire claims. Non-fire tort claimants should use Form 410.

Do NOT file a fraudulent claim. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Please type or print in the spaces below. Do NOT use red ink or pencil.

Part 1: Identify the Claim

1. Who is the current creditor?	Ian Alexander Name of the current creditor (the person or entity to be paid for this claim)		
2. Has this claim been acquired from someone else?	<input type="checkbox"/> No	<input type="checkbox"/> Yes. From whom? _____	
3. Are you filing this claim on behalf of your family? A family is a group of two or more people related by birth, marriage, domestic partnership, or adoption and residing together. All such people are considered as members of one family.	<input type="checkbox"/> No	If you checked "Yes", please provide the full name of each family member that you are filing on behalf of:	
	<input checked="" type="checkbox"/> Yes	Ian Alexander	Lisa Alexander
		Kellan Alexander	Pari Alexander
4. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?		Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name _____ Attorney Name (if applicable) _____ Attorney Bar Number (if applicable) _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Email Address _____		Name _____ Attorney Name (if applicable) _____ Attorney Bar Number (if applicable) _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Email Address _____
5. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____		Filed on _____ MM / DD / YYYY
6. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Part 2:**Give Information About the Claim as of the Date this Claim Form is Filed**

7. What fire is the basis of your claim? Check all that apply.		<input type="checkbox"/> Camp Fire (2018) <input type="checkbox"/> North Bay Fires (2017) <input type="checkbox"/> Ghost Ship Fire (2016) <input checked="" type="checkbox"/> Butte Fire (2015) <input type="checkbox"/> Other (please provide date and brief description of fire): _____
8. What are the loss location(s) where you and/or your family suffered harm? (e.g. home or business address, place of injury, place from which you were evacuated, if different.)		Location(s): 3820 Clear RDG, Santa Rosa CA 95404
9. How were you and/or your family harmed? Check all that apply		<input checked="" type="checkbox"/> Property Damage (homes, structures, personal property, land, trees, landscaping, and all other property damage) <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Occupant <input type="checkbox"/> Other (Please specify): _____ <input type="checkbox"/> Personal Injury <input type="checkbox"/> Wrongful Death (if checked, please provide the name of the deceased) _____ <input type="checkbox"/> Business Loss/Interruption <input type="checkbox"/> Lost wages and earning capacity <input type="checkbox"/> Loss of community and essential services <input type="checkbox"/> Agricultural loss <input type="checkbox"/> Other (Please specify): _____
10. What damages are you and/or your family claiming/seeking? Check all that apply		<input checked="" type="checkbox"/> Economic damages (including replacement cost of damaged property, diminution in value, loss of use, lost inventory, lost profits, and other economic damage) <input checked="" type="checkbox"/> Non-economic damages (including loss of society and support, loss of consortium, pain and suffering, emotional distress, annoyance and discomfort, and other non-economic damage) <input checked="" type="checkbox"/> Punitive, exemplary, and statutory damages <input type="checkbox"/> Attorney's fees and litigation costs <input checked="" type="checkbox"/> Interest <input checked="" type="checkbox"/> Any and all other damages recoverable under California law <input type="checkbox"/> Other (Please specify): _____
11. How much is the claim?		<input type="checkbox"/> \$ _____ (optional) <input checked="" type="checkbox"/> Unknown / To be determined at a later date

Part 3: **Sign Below**

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.
 I am the creditor's attorney or authorized agent.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Signature: Ian Alexander
Ian Alexander (Jan 27, 2020)

Email: ianofcourse@gmail.com

Signature

Print the name of the person who is completing and signing this claim:

Name	Ian Alexander		
	First name	Middle name	Last name
Title	NA		
Company	NA		
Identify the corporate servicer as the company if the authorized agent is a servicer.			
Address	5100 Montecito Ave		
	Number	Street	
	Santa Rosa		CA
	City	State	ZIP Code
Contact phone	7075846949		Email
	ianofcourse@gmail.com		

Attach Supporting Documentation (limited to a single PDF attachment that is less than 5 megabytes in size and under 100 pages):

I have supporting documentation.
(attach below)

I do not have supporting documentation.

PLEASE REVIEW YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTS AND REDACT ACCORDINGLY PRIOR TO UPLOADING THEM. PROOFS OF CLAIM AND ATTACHMENTS ARE PUBLIC DOCUMENTS THAT WILL BE AVAILABLE FOR ANYONE TO VIEW ONLINE.

IMPORTANT NOTE REGARDING REDACTING YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTATION When you submit a proof of claim and any supporting documentation you must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. The responsibility for redacting personal data identifiers (as defined in Federal Rule of Bankruptcy Procedure 9037) rests solely with the party submitting the documentation and their counsel. Prime Clerk and the Clerk of the Court will not review any document for redaction or compliance with this Rule and you hereby release and agree to hold harmless Prime Clerk and the Clerk of the Court from the disclosure of any personal data identifiers included in your submission. In the event Prime Clerk or the Clerk of the Court discover that personal identifier data or information concerning a minor individual has been included in a pleading, Prime Clerk and the Clerk of the Court are authorized, in their sole discretion, to redact all such information from the text of the filing and make an entry indicating the correction.

Instructions for Proof of Claim (Fire Claim Related)

United States Bankruptcy Court

You may have a claim against the Debtors for monetary loss, personal injury (including death), or other asserted damages arising out of or related to a fire. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the chapter 11 process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- Fill in all of the information about the claim as of the date this claim form is filed.
- If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- For a minor child, fill in only the child's initials and the full name of the child's parent or guardian. For example, write *A.B., a minor child (John Doe, parent)*. See Bankruptcy Rule 9037.
- You may but are not required to attach supporting documents to this form.
Supporting documents will be gathered, maintained, and provided at a later date as instructed by the Court. If you do attach documents, you should attach redacted documents as supporting documentation will be made publicly available and will not be kept confidential. See the definition of *redaction* of information below.
- Do not attach original documents because attachments may be destroyed after scanning.
- Question 3. Members of a family may but are not required to file a proof of claim as a family but may, if they choose, submit individual claim forms for each family member that has a claim against the debtors.

- Question 9. If you suffered property damage, then provide the street address of each real property parcel where you suffered property damage. If you were personally evacuated as the result of a fire, then provide the address or intersection closest to where you encountered the fire and began evacuation. If you suffered property damage and were evacuated from a different location, include both. If you were a renter, provide the address of your residence.
- Question 10. This question requests general statements of underlying facts relating to harm and is not intended to be exhaustive or preclusive.
- Question 11. You are not required to include a claim amount with your proof of claim. Providing a claim amount at this time is optional.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form together with the original. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at <https://restructuring.primeclerk.com/pge>.

Understand the terms used in this form

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. In this instance, PG&E Corporation and Pacific Gas & Electric Company.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Proof of claim: A form that shows the creditor has a claim against the debtors on or before the date of the bankruptcy filing (in these cases, January 29, 2019). The form must be filed in the district where the case is pending.

Redaction of information: Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to privacy on the *Proof of Claim* form and any attached documents.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Please send completed Proof(s) of Claim to:

If by first class mail:

PG&E Corporation Claims Processing Center
c/o Prime Clerk LLC
Grand Central Station, PO Box 4850
New York, NY 10163-4850

If by overnight courier or hand delivery:
PG&E Corporation Claims Processing Center
c/o Prime Clerk LLC
850 Third Avenue, Suite 412
Brooklyn, NY 11232

You may also hand deliver your completed Proof(s) of Claim to any of the following service center offices (beginning July 15, 2019 through the Bar Date (October 21, 2019) during the hours of 8:30 a.m. – 5:00 p.m. Prevailing Pacific Time):

Chico Service Center
350 Salem Street
Chico, CA 95928

Marysville Service Center
231 "D" Street
Marysville, CA 95901

Napa Service Center
1850 Soscol Ave. Ste 105
Napa, CA 94559

Oroville Service Center
1567 Huntoon Street
Oroville, CA 95965

Redding Service Center
3600 Meadow View Road
Redding, CA 96002

Santa Rosa Service Center
111 Stony Circle
Santa Rosa, CA 95401

Photocopy machines will not be available at the Claim Service Centers; you must bring a photocopy of your Proof of Claim if you wish to receive a date-stamped copy.

Do not file these instructions with your form

Electronic Proof of Claim_FQAOW27402

Final Audit Report

2020-01-27

Created:	2020-01-27
By:	Prime Clerk E-Filing (efiling@primeclerk.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAfkPv9pMsZuCGbvMjobHfAP8ZpQgala32

"Electronic Proof of Claim_FQAOW27402" History

- Web Form created by Prime Clerk E-Filing (efiling@primeclerk.com)
2020-01-27 - 8:17:56 PM GMT
- Web Form filled in by Ian Alexander (ianofcourse@gmail.com)
2020-01-27 - 8:26:40 PM GMT- IP address: 73.158.88.239
- (User email address provided through API User-Agent: Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/79.0.3945.130 Safari/537.36)
2020-01-27 - 8:26:42 PM GMT- IP address: 73.158.88.239
- Signed document emailed to Ian Alexander (ianofcourse@gmail.com) and Prime Clerk E-Filing (efiling@primeclerk.com)
2020-01-27 - 8:26:42 PM GMT

EXHIBIT B



CLAIMS QUESTIONNAIRE

I. INSTRUCTIONS

You must submit this Claims Questionnaire, completed in its entirety, and all Required Submissions including documents supporting your claim(s) to the Fire Victim Trust (the “Trust”) on or before **December 31, 2020**. The Trust was established to resolve eligible claims arising from the 2015 Butte Fire, 2017 North Bay Fires (*i.e.*, 37, Adobe, Atlas, Blue, Cascade, Cherokee, Honey, LaPorte, Lobo, Maacama, McCourtney, Norrbom, Nuns, Partrick, Point, Pressley, Pythian/Oakmont Pocket, Redwood/Potter Valley, Sullivan, Sulphur, and Tubbs), and 2018 Camp Fire. Claims unrelated to these Fires are ineligible for compensation by the Trust. Additionally, all Claimants must have filed a Proof of Claim for their claims or those of their family in the Bankruptcy Cases on or before December 31, 2019, which was the extended Bar Date for Fire Claimants. Claims that were not timely submitted to the Bankruptcy Cases are ineligible for payment by the Trust, unless the claimant obtains relief from the Bankruptcy Court to file a late Claim and submits the Claim to the Bankruptcy Cases and Trust within 30 days after the Bankruptcy Court order allowing such late filing. To the extent a Fire Victim Claim represents damages or losses covered, in full or in part, by a policy of insurance, the amount in which such Fire Victim Claim may be Approved pursuant to the Claims Resolution Procedures shall be reduced on a dollar-for-dollar basis by all insurance recoveries available to the Fire Victim on account of such damages or losses, whether or not the Fire Victim actually made a claim against a policy of insurance for such damages or losses.

II. FIRE VICTIM IDENTIFICATION

1. Complete the table below to identify each person or entity asserting claims in this Claims Questionnaire.

For individuals: Select the Individual Claimant Type and then enter the person’s full name, date of birth, taxpayer ID number, TIN Type, and Gender. If any individual does not have a Social Security Number (“SSN”), include his or her Individual Taxpayer Identification Number (“ITIN”) or Foreign Identification Number (“FIN”) in the Taxpayer ID field and submit a copy of his or her ITIN authorization letter or home country records documenting the FIN. For individuals who file Schedules C, E, or F with their tax returns and who are claiming business loss income, select Individual Claimant Type below and follow the instructions above. This will not prevent you from filing a Business Income Loss claim, if desired.

For businesses, trust, estates or other entities: Select the applicable Claimant Type and then enter the entity’s legal name and Employer ID Number (“EIN”). This is the business name as it appears on the business’s tax return. If you are the owner of a business, you should submit claims on behalf of the business under the name and EIN of the business. For businesses with multiple owners, an authorized business representative should submit claims on behalf of the business under the name and EIN of the business. Owners of a business should not submit claims under their SSNs for their separate ownership interests in the business.

Claimant ID	Claimant Type	Claimant Name	Date of Birth	Taxpayer ID Number	Gender
1032262	Individual	Ian Alexander	11/19/1963	*****2798	Male
1034739	Individual	KELLAN ALEXANDER		*****9923	Male
1034740	Individual	Lisa Alexander	03/13/1964	*****1984	Female
1034742	Individual	PARI ALEXANDER		*****1864	Female
2. Authorized Business Representative (applicable to Business Claimants only)	Last Name	First Name	M.I.	Suffix	
	Title				
	Telephone		Email		





CLAIMS QUESTIONNAIRE

3. **Complete the table below to identify Loss Location(s) included in this Claims Questionnaire.** A Loss Location is the place where you and/or your family suffered harm (for example, your home or business address, place of injury, or the place from which you evacuated). Provide the physical addresses of your different Loss Locations below. Do not provide P.O. Boxes.

(a) Loss Location	Street	Apt/Suite/Lot Number	
	3820 Clear Rdg		
	City Santa Rosa	State California	ZIP Code 95404-1564
County Sonoma		APN(if known) 173-180-027-000	Fire North Bay

4. **Are you represented by an attorney?** If Yes, complete the question below. Otherwise, skip to Section III. Yes No

5. **Law Firm**

Loss Location Address: 3820 Clear Rdg Santa Rosa CA 95404-1564

APN: 173-180-027-000

III. REAL AND PERSONAL PROPERTY DAMAGE

A. PROPERTY IDENTIFICATION

1. **Are you submitting a claim for Real or Personal Property damage?** If Yes, answer the questions below. Otherwise, skip to Section IV. If you have multiple Loss Locations submit additional pages answering Sections A-F for each location. Yes No

2. Loss Location	Street	Apt/Suite/Lot Number	
	3820 Clear Rdg		
	City Santa Rosa	State California	ZIP Code 95404-1564
APN (if known) 173-180-027-000			

Provide a brief description of the damaged real and personal property and upload documents supporting your claim, including records reflecting any improvements to the property. If you have documents identifying the cost to repair or replace the dwelling, you may upload them to your file. This information is not required, as the Trust will provide an estimate during claims evaluation

The home was completely burned to the ground. It was appraised at 3600 sf. The insurance company did an appraisal to determine FMV just prior to the fire which valued the structure at \$981,000 (see insurance company appraisal). We received \$786k from the insurance company for the main dwelling.

3. **At the time of the Fire, were you a title owner of this property?** Yes No

(a) **If Yes, list all title owners at the time of the Fire:** Ian Alexander and Lisa Alexander

(b) **If No, since the Fire, have you received an assignment of the right to make a claim related to the damage of this real property?** If you received an assignment, submit relevant documents reflecting the assignment. Yes No

4. **Do you still own the Real Property that was affected by the Fire?** If Yes, complete the following sections related to this property below. Yes No





CLAIMS QUESTIONNAIRE

<p>5. Have you repaired or restored the property? If yes, indicate the completion date or anticipated completion date.</p>		<input type="checkbox"/> Yes, on _____ <input checked="" type="checkbox"/> No	
<p>6. Do you have a genuine desire to repair or restore this property?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
B. RESIDENTIAL REAL PROPERTY			
<p>1. Does your property claim include a dwelling that was damaged by the Fire? If Yes, answer the questions below. Otherwise, skip to Section III.C. If you have multiple dwellings on one property, submit additional pages answering questions 2-5 for each.</p>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>2. What is the type of dwelling?</p> <p><input type="checkbox"/> Apartment <input type="checkbox"/> Guest House/Pool House <input type="checkbox"/> Mobile Home <input checked="" type="checkbox"/> Single Family Home <input type="checkbox"/> Condominium <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Multi-Family Home</p>			
<p>3. What is the size of the dwelling?</p>		3,600.00 square feet	
<p>4. At the time of the Fire, were you renting out the dwelling? Any claims for lost rental income should be filed in Section IV.</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partial <p>If yes, list the individuals who rented the property:</p>	
<p>5. Was the dwelling uninhabitable after the fire?</p>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>6. Were you displaced from the property as a result of the Fire? If Yes, include the date you were displaced. Otherwise, skip to Section VII.</p>		<input checked="" type="checkbox"/> Yes, on <u>10/08/2017</u> <input type="checkbox"/> No	
C. COMMERCIAL REAL PROPERTY			
<p>1. Does your property claim include a commercial structure that was damaged by the Fire? If Yes, answer the questions below. Otherwise, skip to Section III.D. If you have multiple commercial structures on one property, submit additional pages answering Questions 2-6 for each commercial structure. Residential structures of not more than four dwelling units should be claimed under Residential Real Property (Section B above).</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>2. Type of structure:</p>	<p><input type="checkbox"/> Agricultural <input type="checkbox"/> Apartment/Condo Building <input type="checkbox"/> Commercial Office Building <input type="checkbox"/> Educational/School Facility <input type="checkbox"/> Healthcare/Medical Facility</p>	<p><input type="checkbox"/> Hospitality/Lodging <input type="checkbox"/> Industrial <input type="checkbox"/> Mobile Home Park <input type="checkbox"/> Parking Structure/Facility <input type="checkbox"/> Public/Community Facility</p>	<p><input type="checkbox"/> Retail <input type="checkbox"/> Transportation/Airplane Related <input type="checkbox"/> Other:</p>
<p>3. What is the size of the commercial structure?</p>		square feet	
<p>4. Estimated or actual cost of repairing or rebuilding the commercial property</p>			
D. OTHER STRUCTURES			
<p>1. Does your property claim include other non-habitable structures that were damaged by the fire? If Yes, answer the questions below. Otherwise, skip to Section IV.E.</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>2. What is the type of structure?</p>			
<p>3. What is the size of the other structure?</p>		square feet	





CLAIMS QUESTIONNAIRE

4. Does the other structure have any of the following? Check all that apply.

Electricity

Permanent Foundation

Plumbing

E. FORESTRY/LANDSCAPING

1. Does your property claim include landscaping, shrubbery, vegetation, or forestry? If Yes, answer the questions below. Otherwise, skip to Section III.F.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Describe the type and quantity of landscaping, shrubbery, or vegetation that was damaged or destroyed.	<p>The home was a one acre parcel on a hillside packed with California Oak, Black Oak, Olive and Redwood trees. Several Oaks and Olive trees burned down or were so damaged that they had to be removed. The home was in a wooded area and the HOA does not allow fences or other significant alterations to the natural beauty of the area. In other words, the main value of the location was it's natural and harmonious environment. Using a rough TFT appraisal method with a unit value of 37.67, the major losses were as follows.</p> <p>30 ft Oak with 45 ft canopy next to deck: 30 inch diameter at breast height \$26,614 27 ft Oak woth 30 ft canopy in mid yard 23 inch diameter \$15,643 6 approximately 25 ft Oaks in the front yard with approx. 25 inch diameter \$110,682 3 approx 12 ft Olive trees in front and side yard 12 inch diameter \$12,774 1 25 ft Oak in side yard dog run 22 inch diameter \$14,312 Approximate 50 shrubs and bushes: Lavender, Rosemary, ferns, palms, and other deer resistant shrubs (\$50/each) \$2500</p>

3. If your claim includes forestry damage, indicate the damaged or destroyed acreage	1.00 acres
4. What is the estimated or actual cost to replace the trees and landscaping?	\$182,525.00

F. PERSONAL PROPERTY CLAIMS

1. Does any part of your property claim relate to damage to personal property that you owned at the time of the Fire? Personal property includes the contents of your home such as furniture, clothing, and household items as well as automobiles and other movable property. If Yes, answer Question 2. Otherwise, skip to Question 3. If you have lost or damaged personal property at multiple locations complete Section III for each location.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. What is the value of your lost or damaged personal property?	\$514,584.00
Provide a brief description of the damaged property: The contents of a 3600 sf home with ample storage and 20 years of family possessions. See adjuster spreadsheets. We received \$393k from the insurance company.	
Upload documents supporting your claim and provide a brief description or itemized list of the damaged property. If you were not the owner of the property you must provide proof that were living there at the time of the Fire, such as a lease agreement and proof of payment.	
3. Did you suffer any property loss other than the real and/or personal property damage indicated above as a result of the Fire? If Yes, answer the questions below and provide documents supporting your claim. Otherwise, skip to Section IV.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Provide a brief description of the damaged property:	What is the value of your lost or damaged other property?

IV. BUSINESS INCOME LOSS





CLAIMS QUESTIONNAIRE

1. Are you submitting a claim for lost revenues on behalf of a business affected by the Fire? If Yes, answer the questions below. Otherwise, skip to Section V. For purposes of classifying your claim, if you are a sole proprietor and you file your federal taxes on a Form 1040 with a Schedule C, E or F that lists expenses, the Trust considers you to be a business claimant.

Yes
 No

2. Does your claim for lost income relate to a physical injury that you sustained as a result of the Fire?

Yes
 No

3. Does your claim for lost income relate to damage to property in which you had a property interest at the time of the Fire?

Yes
 No

4. Business Address (provide address used on tax returns)	Street	Apt/Suite/Lot Number	
	City	State	ZIP Code

5. Business Industry. Provide the six-digit NAICS (North American Industry Classification System) Code used for tax filings or visit <https://www.naics.com/search/> to determine which NAICS Code best represents your business. In addition, provide a brief description of your business's industry

NAICS Code:

Industry Description:

6. In the table below, identify all owners of the business and their respective Taxpayer Identification Numbers and ownership interests. Provide full legal names. If an owner is not a natural person, identify the legal form of the entity (e.g., LLC, PC, Partnership, Corporation). *Note:* This question does not apply to publicly traded companies.

	Owner Name	Owner's Taxpayer ID	% of Ownership	Legal Form of Entity (if the Owner is not a natural person)
(a)				

7. Has the business permanently ceased operations and/or declared bankruptcy since the Fire(s)? If Yes, enter the date the business ceased operations and/or declared bankruptcy.

Yes, date:
 No

8. Was business at this Loss Location interrupted as a result of the Fire(s)? If Yes, indicate which Fire(s) caused business interruption. If you have multiple Loss Locations, submit additional pages answering this question for each location.

2015 Butte Fire 2017 North Bay Fires 2018 Camp Fire

9. Did you resume your business at this Loss Location, or if not, do you intend to resume your business at this Loss Location? If you have multiple Loss Locations, submit additional pages answering this question for each location.

Yes
 No

(a). If Yes, what was the date business operations resumed at this Loss Location, or the anticipated date if operations have not yet resumed?

Date:

(b). If you do not intend to reopen your business, please explain why.

10. Identify the losses suffered at this Loss Location in the table below. If you have multiple Loss Locations, submit additional pages answering these questions for each location.

Nature of Losses	Yes/No	Amount Claimed	Additional Information
			If Yes, indicate the duration of time over which the business income loss amount is





CLAIMS QUESTIONNAIRE

(a) Did your business at this Loss Location suffer any business income losses as a result of the Fire(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		calculated? Start Date: End Date: Is your business impacted by annual seasonality? <input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Did your business at this Loss Location lose inventory as a result of the Fire(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, provide documentation supporting lost inventory.
(c) Did your business at this Loss Location suffer any damage to commercial vehicles or equipment as a result of the Fire(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, provide documentation supporting damage to equipment.
(d) Did your business at this Loss Location suffer any damage to the other contents of the business as a result of the Fire(s) (e.g., computers, office supplies, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, provide documentation supporting damage to contents of business.
11. Did your business at this Loss Location incur any additional remediation expenses as a result of the Fire(s)? If Yes, provide the types and amounts claimed for additional remediation expenses (excluding insurance recovery). If you have multiple Loss Locations, submit additional pages answering this question for each location.			
<input type="checkbox"/> Increased/temporary security: <input type="checkbox"/> Temporary labor: <input type="checkbox"/> Temporary water supply:		<input type="checkbox"/> Temporary utilities: <input type="checkbox"/> Other mitigation steps: (e.g., relocation, expedited shipping)	
12. Provide any further information or explanation you would like to include regarding your business loss claim(s).			

Ian Alexander (Claimant ID: 1032262)

VI. EMOTIONAL DISTRESS

A. ZONE OF DANGER

- Is any part of your claim based on emotional distress and/or mental anguish that you experienced as a result of the Fire, including fear for your safety or the safety of your family while sheltering-in-place, fleeing, or evacuating, or bodily injury to you or a family member? If Yes, complete the questions in this section below. If yes, complete the questions in this section below. Otherwise, skip to Section B.
 Yes
 No
- Did you evacuate as a result of the Fire?
 Yes
 No
- If you evacuated, enter the date and time of your evacuation:
(a) Date of Evacuation: 10/09/2017 (b) Time of Evacuation: 2:45 AM





CLAIMS QUESTIONNAIRE

4. If you did not evacuate, did you shelter-in-place during the Fire?

Yes
 No

Enter the address 5. from which you evacuated or sheltered-in-place at the time of the Fire:	Street 3820 Clear Rdg	Apt/Suite/Lot Number	
	City Santa Rosa	State CA	Zipcode 95404-1564
	APN (if known) 173-180-027-000		
	Identify your relationship to this location: <input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Other:		

6. Was your emotional distress attributable to any of the following physical injuries or illnesses?

Burn Smoke Inhalation Illness involving eyes, nasal passage, throat, lungs or skin
 Cuts, scrapes, or bruises Other:

7. If yes, did you receive medical treatment for the identified physical injuries?

Yes
 No

8. Have you received any counseling or medical treatment for emotional or mental health reasons related to the emotional distress and/or mental anguish that you experienced as a result of the Fire, including fear for your safety or the safety of your family while sheltering-in-place, fleeing, or evacuating? If Yes, No complete Questions 8(a) – 8(e) and, after completing any other applicable sections of this Claims Questionnaire, upload relevant medical records for the treatment you received for the identified physical injuries and/or emotional or mental health conditions described below. Otherwise, skip to Question 9.

(a) Diagnosis of Emotional or Mental Health Issues resulting from the Fire:			
(b) Description of Treatment:			
(c) Treatment Start Date:			(d) Treatment End Date:
(e) Medication(s) Prescribed:			
9. If you did not receive counseling or medical treatment for emotional health reasons, explain why:	1) For over a year, I had no time to focus on my mental health. I had to work on insurance settlements, deal with contractors, sort out my personal life, including securing both short and long term housing, etc. 2) I self medicated with substances. Within the last six months I have mostly dealt with detaching from those myself.		
10. Complete the following table for each family member who was with you as the Fire approached your location or evacuated with you at the time of the Fire. Attach additional sheets if necessary. After completing any other applicable sections of this Claims Questionnaire, upload relevant medical records for the treatment that your family member(s) received for the physical injuries identified in the table below, if available.			





CLAIMS QUESTIONNAIRE

	Full Name	Relationship	Did this person suffer any of the following physical injuries?	Were you physically present and did you witness the injuries identified for this person?
Person 1	Lisa Alexander	Spouse	<input type="checkbox"/> Burn <input type="checkbox"/> Smoke Inhalation <input type="checkbox"/> Serious Physical Injury <input checked="" type="checkbox"/> Illness involving eyes, nasal <input type="checkbox"/> Cuts,scrapes, or bruises <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Person 2	Kellan Riley Alexander	Child	<input type="checkbox"/> Burn <input type="checkbox"/> Smoke Inhalation <input type="checkbox"/> Serious Physical Injury <input type="checkbox"/> Illness involving eyes, nasal <input type="checkbox"/> Cuts,scrapes, or bruises <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. To further support your claim, you may provide a narrative detailing your experience evacuating from the Fire and the Fire's impact on you and your family:	<p>We were notified of the danger as fire was approaching across the ridge above us. We had no time to gather any personal items. We evacuated to a friends house for a week and then spent the next eight months living in hotels, spare rooms and guest houses until we finally figured out that we were underinsured and subsequently purchased an old home in the area (there were not a lot of options) which we had to spend 18 months renovating while we lived there. We spent hundreds of hours documenting all our losses with the insurance company. The stress of working our claim and ensuring we had a roof over our heads was immense. We lost any trace of our previous life, which included both mine and my wife's wedding bands, her engagement ring, a ring from her grandmother, any trace of the the life we had lived together for almost 30 years. We lost every photo of our children growing up, basically every trace of the family and the children we had raised over two and a half decades. Every possession, every photo. Every video. Every art project. Every yearbook. Every birthday card. We no longer have any trace that our family existed prior to October 9, 2017, save for the handful of photos we have gathered from relatives. Our children had just graduated college, so we have NO opportunity to rebuild the mementos of a complete life doing the most meaningful thing we've ever done: raise two children. Each year for the last three years I have experienced PTSD like symptoms during fire season because of my experience being awoken in the middle of the night and forced to flee a fast approaching fire. I don't expect this will end any time soon.</p>			

B. NUISANCE

1. Is any part of your claim based on emotional distress and/or mental anguish that you experienced from the loss of use or substantial interference with the use of or enjoyment of your property? If Yes, complete the questions in this section below. Otherwise, skip to Section VII.			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Property Address :	Street	Apt/Suite/Lot Number	
	City	State	Zipcode
	APN (If available)		

3. Describe your relationship to the property at the time of the Fire?		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other:
---	--	--





CLAIMS QUESTIONNAIRE

<p>4. Were you residing at the property full time or more than half of the time when the Fire occurred?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>5. Were you displaced from your property as a result of the Fire?</p> <p><input type="checkbox"/> Yes, on <input type="checkbox"/> No</p>		
<p>6. If you were displaced from the property, have you resumed residing there? If Yes, include the date you resumed residing at the property.</p> <p><input type="checkbox"/> Yes, on <input type="checkbox"/> No</p>		
<p>7. Did you lose any sentimental or irreplaceable personal property in the Fire?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>8. As a result of the loss of use or substantial interference with the use of or enjoyment of your property, have you received any counseling or medical treatment for mental or emotional health? If Yes, complete Questions 8(a)-8(d) and, after completing any other applicable sections of this Claims Questionnaire, upload relevant medical records for the treatment you received for the identified emotional or mental health conditions described below:</p>		
<p>(a) Diagnosis of Emotional or Mental Health Issues resulting from Fire</p>		
<p>(b) Description of Treatment:</p>		
<p>(c) Treatment Start date:</p>		<p>(d) Treatment End date:</p>
<p>(e) Medication(s) Prescribed:</p>		
<p>9. If you did not receive counseling or medical treatment for emotional or mental health conditions, explain why.</p>		
<p>10. To further support your claim, you may provide a narrative detailing your experience with the loss of use or substantial interference with the use of or enjoyment of your property from the Fire:</p>		
<p>KELLAN ALEXANDER (Claimant ID: 1034739)</p>		
<p>VI. EMOTIONAL DISTRESS</p>		
<p>A. ZONE OF DANGER</p>		
<p>1. Is any part of your claim based on emotional distress and/or mental anguish that you experienced as a result of the Fire, including fear for your safety or the safety of your family while sheltering-in-place, fleeing, or evacuating, or bodily injury to you or a family member? If Yes, complete the questions in this section below. If yes, complete the questions in this section below. Otherwise, skip to Section B.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>2. Did you evacuate as a result of the Fire?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>3. If you evacuated, enter the date and time of your evacuation:</p> <p>(a) Date of Evacuation: <u>10/09/2017</u></p> <p>(b) Time of Evacuation: <u>2:00 AM</u></p>		
<p>4. If you did not evacuate, did you shelter-in-place during the Fire?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
	Street <u>3820 Clear Rdg</u>	Apt/Suite/Lot Number





CLAIMS QUESTIONNAIRE

Enter the address from which you evacuated or sheltered-in-place at the time of the Fire:	City Santa Rosa	State CA	Zipcode 95404-1564	
	APN (if known) 173-180-027-000			
	Identify your relationship to this location: <input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Other:			
6. Was your emotional distress attributable to any of the following physical injuries or illnesses? <p> <input type="checkbox"/> Burn <input type="checkbox"/> Smoke Inhalation <input type="checkbox"/> Illness involving eyes, nasal passage, throat, lungs or skin <input type="checkbox"/> Cuts, scrapes, or bruises <input type="checkbox"/> Other: </p>				
7. If yes, did you receive medical treatment for the identified physical injuries? <p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>				
8. Have you received any counseling or medical treatment for emotional or mental health reasons related to the emotional distress and/or mental anguish that you experienced as a result of the Fire, including fear for your safety or the safety of your family while sheltering-in-place, fleeing, or evacuating? If Yes, <input checked="" type="checkbox"/> No complete Questions 8(a) – 8(e) and, after completing any other applicable sections of this Claims Questionnaire, upload relevant medical records for the treatment you received for the identified physical injuries and/or emotional or mental health conditions described below. Otherwise, skip to Question 9.				
(a) Diagnosis of Emotional or Mental Health Issues resulting from the Fire:				
(b) Description of Treatment:				
(c) Treatment Start Date:		(d) Treatment End Date:		
(e) Medication(s) Prescribed:				
9. If you did not receive counseling or medical treatment for emotional health reasons, explain why:	I don't believe that counseling will remove the pain from the loss of all artifacts from my childhood and my inability to return to the property, either by myself or to show my children.			
10. Complete the following table for each family member who was with you as the Fire approached your location or evacuated with you at the time of the Fire. Attach additional sheets if necessary. After completing any other applicable sections of this Claims Questionnaire, upload relevant medical records for the treatment that your family member(s) received for the physical injuries identified in the table below, if available.				
	Full Name	Relationship	Did this person suffer any of the following physical injuries?	Were you physically present and did you witness the injuries identified for this person?
Person 1	Ian Alexander	Parent	<input type="checkbox"/> Burn <input type="checkbox"/> Smoke Inhalation <input type="checkbox"/> Serious Physical Injury <input type="checkbox"/> Illness involving eyes, nasal <input type="checkbox"/> Cuts, scrapes, or bruises <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No





CLAIMS QUESTIONNAIRE

Person 2	Lisa Alexander	Parent	<input type="checkbox"/> Burn <input checked="" type="checkbox"/> Smoke Inhalation <input type="checkbox"/> Serious Physical Injury <input type="checkbox"/> Illness involving eyes, nasal <input type="checkbox"/> Cuts, scrapes, or bruises <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
----------	----------------	--------	---	--

11. To further support your claim, you may provide a narrative detailing your experience evacuating from the Fire and the Fire's impact on you and your family:	I have lost every record of my childhood. All my yearbooks, videos, pictures, possessions are gone. I am getting married in 2021 and had planned on doing this on the family homestead. My wife and I will not be able to experience this. We will start a family and my children will not be able to visit their grandparents and experience the life I had at Clear Ridge for nearly fifteen years. Each year for the last three years I have experienced PTSD like symptoms during fire season because of my experience being awoken in the middle of the night and forced to flee a fast approaching fire. I don't expect this will end any time soon.
--	--

B. NUISANCE

1. Is any part of your claim based on emotional distress and/or mental anguish that you experienced from the loss of use or substantial interference with the use of or enjoyment of your property? If Yes, complete the questions in this section below. Otherwise, skip to Section VII.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Property Address :	Street	Apt/Suite/Lot Number	
	City	State	Zipcode
	APN (If available)		
3. Describe your relationship to the property at the time of the Fire?		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other:	
4. Were you residing at the property full time or more than half of the time when the Fire occurred?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Were you displaced from your property as a result of the Fire?		<input type="checkbox"/> Yes, on <input type="checkbox"/> No	
6. If you were displaced from the property, have you resumed residing there? If Yes, include the date you resumed residing at the property.		<input type="checkbox"/> Yes, on <input type="checkbox"/> No	
7. Did you lose any sentimental or irreplaceable personal property in the Fire?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. As a result of the loss of use or substantial interference with the use of or enjoyment of your property, have you received any counseling or medical treatment for mental or emotional health reasons? If yes, complete Questions 8(a)-8(d) and, after completing any other applicable sections of this Claims Questionnaire, upload relevant medical records for the treatment you received for the identified emotional or mental health conditions described below:			





CLAIMS QUESTIONNAIRE

(a) Diagnosis of Emotional or Mental Health Issues resulting from Fire

(b) Description of Treatment:

(c) Treatment Start date:

(d) Treatment End date:

(e) Medication(s) Prescribed:

9. If you did not receive counseling or medical treatment for emotional or mental health conditions, explain why.

10. To further support your claim, you may provide a narrative detailing your experience with the loss of use or substantial interference with the use of or enjoyment of your property from the Fire:

Lisa Alexander (Claimant ID: 1034740)

VI. EMOTIONAL DISTRESS

A. ZONE OF DANGER

1. Is any part of your claim based on emotional distress and/or mental anguish that you experienced as a result of the Fire, including fear for your safety or the safety of your family while sheltering-in-place, fleeing, or evacuating, or bodily injury to you or a family member? If Yes, complete the questions in this section below. If yes, complete the questions in this section below. Otherwise, skip to Section B.

Yes
 No

2. Did you evacuate as a result of the Fire?

Yes
 No

3. If you evacuated, enter the date and time of your evacuation:

(a) Date of Evacuation: 10/09/2017

(b) Time of Evacuation: 2:00 AM

4. If you did not evacuate, did you shelter-in-place during the Fire?

Yes
 No

Enter the address
5. from which you evacuated or sheltered-in-place at the time of the Fire:

Street

Apt/Suite/Lot Number

City

State

Zipcode

APN (if known)

Identify your relationship to this location:

Home School Work Other:

6. Was your emotional distress attributable to any of the following physical injuries or illnesses?

Burn Smoke Inhalation Illness involving eyes, nasal passage, throat, lungs or skin
 Cuts, scrapes, or bruises Other:

7. If yes, did you receive medical treatment for the identified physical injuries?

Yes
 No





CLAIMS QUESTIONNAIRE

8. Have you received any counseling or medical treatment for emotional or mental health reasons related to the emotional distress and/or mental anguish that you experienced as a result of the Fire, including fear for your safety or the safety of your family while sheltering-in-place, fleeing, or evacuating? If Yes, Yes No

If Yes, No complete Questions 8(a) – 8(e) and, after completing any other applicable sections of this Claims Questionnaire, upload relevant medical records for the treatment you received for the identified physical injuries and/or emotional or mental health conditions described below. Otherwise, skip to Question 9.

(a) Diagnosis of Emotional or Mental Health Issues resulting from the Fire:			
(b) Description of Treatment:			
(c) Treatment Start Date:			(d) Treatment End Date:
(e) Medication(s) Prescribed:			
9. If you did not receive counseling or medical treatment for emotional health reasons, explain why:	My husband and I spent most of the ensuing 2 years trying to put back together some semblance of a life, including shelter, work, etc. I don't believe that mental health counseling will recover the loss of every single sentimental item we had amassed over 20 years of raising children and being a family. I have been receiving medical treatment for a throat/breathing condition developed as a result of the fire.		

10. Complete the following table for each family member who was with you as the Fire approached your location or evacuated with you at the time of the Fire. Attach additional sheets if necessary. After completing any other applicable sections of this Claims Questionnaire, upload relevant medical records for the treatment that your family member(s) received for the physical injuries identified in the table below, if available.

	Full Name	Relationship	Did this person suffer any of the following physical injuries?	Were you physically present and did you witness the injuries identified for this person?
Person 1	Ian Alexander	Spouse	<input type="checkbox"/> Burn <input checked="" type="checkbox"/> Smoke Inhalation <input type="checkbox"/> Serious Physical Injury <input type="checkbox"/> Illness involving eyes, nasal <input type="checkbox"/> Cuts,scrapes, or bruises <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Person 2	kellan Alexander	Child	<input type="checkbox"/> Burn <input type="checkbox"/> Smoke Inhalation <input type="checkbox"/> Serious Physical Injury <input type="checkbox"/> Illness involving eyes, nasal <input type="checkbox"/> Cuts,scrapes, or bruises <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No





CLAIMS QUESTIONNAIRE

11. To further support your claim, you may provide a narrative detailing your experience evacuating from the Fire and the Fire's impact on you and your family:

At 53 years of age, with children just leaving to go to college, the fire wiped out every trace of 20 years of our family. The mental anguish of not having wedding pictures and videos, no record of raising both children, no pictures to look back on, no videos to remember. Raising our children was the single most important thing in my husband and my lives and we have been deprived of any artifacts of it. We can't show our children's spouses baby pictures, for example. We can't look back on the good times. As time passes and memories fade, the anguish of a life erased increases. I have frequent crying spells and panic attacks. I am unable to enjoy family time because they remind me of the fire and what we've lost. I have spent the last three years trying to find relief from a throat condition diagnosed as being fire related. It interferes with my ability to concentrate, work and feel well adjusted. Each year for the last three years I have experienced PTSD like symptoms during fire season because of my experience being awoken in the middle of the night and forced to flee a fast approaching fire. I don't expect this will end any time soon.

B. NUISANCE

1. Is any part of your claim based on emotional distress and/or mental anguish that you experienced from the loss of use or substantial interference with the use of or enjoyment of your property? If Yes, complete the questions in this section below. Otherwise, skip to Section VII.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

2. Property Address :	Street	Apt/Suite/Lot Number	
	City	State	Zipcode
	APN (If available)		

3. Describe your relationship to the property at the time of the Fire?	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other:
4. Were you residing at the property full time or more than half of the time when the Fire occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Were you displaced from your property as a result of the Fire?	<input type="checkbox"/> Yes, on <input type="checkbox"/> No
6. If you were displaced from the property, have you resumed residing there? If Yes, include the date you resumed residing at the property.	<input type="checkbox"/> Yes, on <input type="checkbox"/> No
7. Did you lose any sentimental or irreplaceable personal property in the Fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. As a result of the loss of use or substantial interference with the use of or enjoyment of your property, have you received any counseling or medical treatment for mental or emotional health reasons? If yes, complete Questions 8(a)-8(d) and, after completing any other applicable sections of this Claims Questionnaire, upload relevant medical records for the treatment you received for the identified emotional or mental health conditions described below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

(a) Diagnosis of Emotional or Mental Health Issues resulting from Fire

(b) Description of Treatment:

(c) Treatment Start date:

(d) Treatment End date:

(e) Medication(s) Prescribed:





CLAIMS QUESTIONNAIRE

9. If you did not receive counseling or medical treatment for emotional or mental health conditions, explain why.

10. To further support your claim, you may provide a narrative detailing your experience with the loss of use or substantial interference with the use of or enjoyment of your property from the Fire:

PARI ALEXANDER (Claimant ID: 1034742)

VI. EMOTIONAL DISTRESS

A. ZONE OF DANGER

1. Is any part of your claim based on emotional distress and/or mental anguish that you experienced as a result of the Fire, including fear for your safety or the safety of your family while sheltering-in-place, fleeing, or evacuating, or bodily injury to you or a family member? If Yes, complete the questions in this section below. If yes, complete the questions in this section below. Otherwise, skip to Section B.

Yes
 No

2. Did you evacuate as a result of the Fire?

Yes
 No

3. If you evacuated, enter the date and time of your evacuation:

(a) Date of Evacuation:

(b) Time of Evacuation:

4. If you did not evacuate, did you shelter-in-place during the Fire?

Yes
 No

Enter the address from which you evacuated or sheltered-in-place at the time of the Fire:	Street	Apt/Suite/Lot Number	
	City	State	Zipcode
	APN (if known)		
	Identify your relationship to this location: <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Other:		

6. Was your emotional distress attributable to any of the following physical injuries or illnesses?

Burn Smoke Inhalation Illness involving eyes, nasal passage, throat, lungs or skin
 Cuts, scrapes, or bruises Other:

7. If yes, did you receive medical treatment for the identified physical injuries?

Yes
 No

8. Have you received any counseling or medical treatment for emotional or mental health reasons related to the emotional distress and/or mental anguish that you experienced as a result of the Fire, including fear for your safety or the safety of your family while sheltering-in-place, fleeing, or evacuating? If Yes, complete Questions 8(a) – 8(e) and, after completing any other applicable sections of this Claims Questionnaire, upload relevant medical records for the treatment you received for the identified physical injuries and/or emotional or mental health conditions described below. Otherwise, skip to Question 9.

Yes
 No

(a) **Diagnosis of Emotional or Mental Health Issues resulting from the Fire:**





CLAIMS QUESTIONNAIRE

(b) Description of Treatment:				
(c) Treatment Start Date:		(d) Treatment End Date:		
(e) Medication(s) Prescribed:				
9. If you did not receive counseling or medical treatment for emotional health reasons, explain why:				
10. Complete the following table for each family member who was with you as the Fire approached your location or evacuated with you at the time of the Fire. Attach additional sheets if necessary. After completing any other applicable sections of this Claims Questionnaire, upload relevant medical records for the treatment that your family member(s) received for the physical injuries identified in the table below, if available.				
	Full Name	Relationship	Did this person suffer any of the following physical injuries?	Were you physically present and did you witness the injuries identified for this person?
Person 1			<input type="checkbox"/> Burn <input type="checkbox"/> Smoke Inhalation <input type="checkbox"/> Serious Physical Injury <input type="checkbox"/> Illness involving eyes, nasal <input type="checkbox"/> Cuts, scrapes, or bruises <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. To further support your claim, you may provide a narrative detailing your experience evacuating from the Fire and the Fire's impact on you and your family:				
B. NUISANCE				
1. Is any part of your claim based on emotional distress and/or mental anguish that you experienced from the loss of use or substantial interference with the use of or enjoyment of your property? If Yes, complete the questions in this section below. Otherwise, skip to Section VII.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Property Address :	Street		Apt/Suite/Lot Number	
	City		State	Zipcode
	APN (If available)			
3. Describe your relationship to the property at the time of the Fire?				<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other:





CLAIMS QUESTIONNAIRE

4. Were you residing at the property full time or more than half of the time when the Fire occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Were you displaced from your property as a result of the Fire?	<input type="checkbox"/> Yes, on <input type="checkbox"/> No
6. If you were displaced from the property, have you resumed residing there? If Yes, include the date you resumed residing at the property.	<input type="checkbox"/> Yes, on <input type="checkbox"/> No
7. Did you lose any sentimental or irreplaceable personal property in the Fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. As a result of the loss of use or substantial interference with the use of or enjoyment of your property, have you received any counseling or medical treatment for mental or emotional health reasons? If yes, complete Questions 8(a)-8(d) and, after completing any other applicable sections of this Claims Questionnaire, upload relevant medical records for the treatment you received for the identified emotional or mental health conditions described below:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(a) Diagnosis of Emotional or Mental Health Issues resulting from Fire	
(b) Description of Treatment:	
(c) Treatment Start date:	(d) Treatment End date:
(e) Medication(s) Prescribed:	
9. If you did not receive counseling or medical treatment for emotional or mental health conditions, explain why.	I have been treated for OCD since adolescence. I have dealt with my pain and heightened anxiety due to the fire within the context of my regular treatment. No diagnosis was sought nor needed. I recently got back on anti-anxiety medication (which I had stopped using prior to the fires) because of this anxiety.
10. To further support your claim, you may provide a narrative detailing your experience with the loss of use or substantial interference with the use of or enjoyment of your property from the Fire:	I have lost everything I owned prior to the fire, which is basically every record of my life from 1994 to 2017. I spent the first 8 months after the loss trying to support my parents who had to live in 600 sf guest house with no chance of rebuilding due to insufficient insurance payout, all while silencing my own sense of loss. The emotional pain is often debilitating. I am unable to experience any tangible record of my childhood. I will not be able to bring my children to the house I grew up in to visit their grandparents. I live in fear that I will forget much of my childhood without any markers of who I was and what I did. Each year for the last three years I have experienced PTSD like symptoms during fire season because of my experience losing everything and witnessing the effects of the fire on my family. I don't expect this will end any time soon.

Lisa Alexander (Claimant ID: 1034740)





CLAIMS QUESTIONNAIRE

VII. PERSONAL INJURY

1. As a result of the Fire, did you suffer a personal injury for which you received medical treatment? In this context, personal injury means a physical bodily injury resulting from the Fire. If Yes, answer the questions below. Otherwise, skip to Section VIII.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Did the injury require hospitalization?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Injury Type: Smoke inhalation damage	4. Injury Date:	
5. Medical Provider/Facility that treated the injury:	Kaiser	
6. Treatment Start Date: 01/01/2018	7. Treatment End Date:	
8. Description of Treatment:	Lisa developed a reaction to all the smoke/particulate she inhaled during and following the fire. Kaiser has been trying to get it under control. Initial treatment was allergy based and was unsuccessful. She has undergone allergy diagnostics and drugs. The she had an endoscopy and was treated with an anti-depressant to reset her nervous system and relieve the coughing and post-nasal drip. Currently she is on a combination of Gabapentin and an inhaler to relieve symptoms.	
9. Narrative Statement: If desired, explain your recovery and how the injury has affected your life.	Starting shortly after the fire, Lisa developed a cough and severe post nasal drip that, when triggered, would be debilitating. Coughing and throat clearing become intense and she can not function normally until it subsides. This has impacted her ability to work normally and sleep. Doctors started treating her for allergies but she was finally referred to an ENT who has seen a lot of this ailment post fire. She has gone through several treatments using pharmaceuticals to try and reset her nervous system to relieve the coughing and post nasal drip. She is currently on a protocol that has been somewhat successful, but when she tries to ween off the drugs, the symptoms returned. She currently has no clear path to a cure. Just a reduced quality of life through drugs aimed at relieving symptoms. Prescription and diagnostic expenses are reflected in submitted documents. At this moment, she is looking at a lifetime of reduced quality of life.	

Provide supporting documents, such as medical records, detailing your injury and treatment

Decedent:

VIII. WRONGFUL DEATH

Are you asserting a Wrongful Death claim for a death caused by a Fire? If Yes, answer the questions below. Otherwise, skip to Section IX.

1. Decedent Name	Last Name	First Name	M.I.	Suffix
2. Date of Birth	3. Date of Death			
4. Social Security Number	5. Annual income at the time of death			
6. Briefly explain how the Fire caused the death				
7. Has a probate case been filed for the decedent's estate?		<input type="checkbox"/> Yes, and it remains open <input type="checkbox"/> Yes, but it has been closed <input type="checkbox"/> No		





CLAIMS QUESTIONNAIRE

8. In the table below, identify the Spouse, Domestic Partner and/or Children of the decedent, if living at the time of the decedent's death. If the person was dependent on the decedent for financial support at the time of decedent's death and/or suffered a loss of household services as a result of the death, indicate that here as well. Domestic Partners must have been part of the domestic partnership registered and established pursuant to Subdivision (b) of Section 297 of the Family Code.

Relationship to Decedent	Name of Spouse, Domestic Partner or Child(ren)	Date of Birth	Social Security Number	Financial Dependent?	Loss of Services?
--------------------------	--	---------------	------------------------	----------------------	-------------------

9. In the table below, identify any Child(ren) who predeceased the decedent.

Relationship to Decedent	Name of Child(ren) who Predeceased the Decedent	Date of Birth	Social Security Number
--------------------------	---	---------------	------------------------

10. In the table below, identify any Child(ren) of the individuals named in the table in Question 9 above. If the person was dependent on the decedent for financial support at the time of decedent's death and/or suffered a loss of household services as a result of the death, indicate that here as well.

Relationship to Decedent	Name of Child(ren) of Individual(s) in Question 9	Date of Birth	Social Security Number	Financial Dependent?	Loss of Services?
--------------------------	---	---------------	------------------------	----------------------	-------------------

11. If the decedent had no living Children at the time of death, identify all Parent(s), Sibling(s), Grandchild(ren), Grandparent(s) and/or other relatives of the decedent, living at the time of decedent's death, in the table below. If the person was dependent on the decedent for financial support at the time of decedent's death and/or suffered a loss of household services as a result of the death, indicate that here as well. Grandchildren listed in Question 10 do not need to be repeated here.

Relationship to Decedent	Name of Parent(s), Sibling(s), Grandchild(ren) and/or Grandparent(s)	Date of Birth	Social Security Number	Financial Dependent?	Loss of Services?
--------------------------	--	---------------	------------------------	----------------------	-------------------

12. Identify any other persons not listed in the above tables who were financially dependent on the decedent at the time of decedent's death. If the person suffered a loss of household services as a result of the death, indicate that here as well.

Relationship to Decedent	Name of Financial Dependent	Date of Birth	Social Security Number	Loss of Services?
--------------------------	-----------------------------	---------------	------------------------	-------------------

13. For any person identified above as a Financial Dependent, describe the nature and/or amount of financial support provided by the decedent.

14. For any person identified above as having lost household services from the decedent, describe the nature and/or amount of services provided by the decedent.

15. Provide an itemization of any funeral and/or burial expenses incurred as a result of decedent's death.

16. In the table below, identify any person related to the decedent by blood or marriage who was present at the scene of the death-causing event.

Relationship to Decedent	Name of Relative Present at the Event	Date of Birth	Social Security Number
--------------------------	---------------------------------------	---------------	------------------------





CLAIMS QUESTIONNAIRE

17. For any person identified above as having witnessed the death-causing event, provide a brief narrative description including the date and location and the person's observation of the event.

Provide supporting documents including a copy of a death certificate, autopsy report or other medical records identifying the decedent's cause of death. You should also provide medical records and/or a statement to show the decedent's general health at the time of his/her death. If a claim is being made for lost financial support, submit any evidence of said support and tax, employment, or other financial records reflecting the decedent's annual income for the two years preceding his or her death. You also may provide a narrative statement explaining how the death has affected you.

IX. OTHER OUT-OF-POCKET EXPENSES

Did you incur any of the following out-of-pocket expenses as a result of the Fire or displacement from the Fire that were not covered by insurance or other assistance (e.g., FEMA support, Wildfire Assistance Program payments)? If Yes, indicate the types and total amount of each for out-of-pocket expense. Otherwise, skip to Section X.

Yes
 No

Description of out-of-pocket expense	Amount of expense

Provide third-party records (e.g., receipts, medical bills) showing that one or more of the Claimants identified in Section II paid these expenses out of pocket.

X. OTHER DAMAGES

1. Is any Claimant identified in Section II claiming damages not specifically contemplated in any other section of the Claims Questionnaire? If so, answer Question 2. Otherwise, skip to Section XI.

Yes
 No

2. Briefly explain the nature of the claim(s) and requested compensation and provide supporting documents for each.

XI. MEDICAL INSURANCE INFORMATION

1. Do you or any family or household member included in Section II now have or did you or they previously have medical insurance that covers any treatments for injuries for which you are submitting a claim? If yes, complete the questions below. Otherwise, skip to Section XII.

Yes
 No

2. If you or any Claimant identified in Section II has enrolled in or has been entitled to receive benefits from any of the following federal healthcare programs, complete the table for the relevant program(s) below:

	Claim Number	Enrollment Start	Enrollment End	Branch	Sponsor	Sponsor's SSN	Treating Facility	Tribe





CLAIMS QUESTIONNAIRE

3. If you or any Claimant identified in Section II was entitled to receive medical items, services, and/or prescription drugs from any federal, state, or other governmental body, agency, department, plan, program, or entity that administers, funds, pays, contracts for, or provides medical items, services, and/or prescription drugs not previously listed above, provide the following information.

Name of Plan/Entity
Policyholder Name
Policy Number
Medical Condition Covered by Plan/Entity

4. If you or any Claimant identified in Section II has received medical treatment for any physical injury, emotional distress, or mental health issue included in Sections VI or VII that was covered by a Private Healthcare Insurance Plan or other form of payment, provide the following information for each such plan or entity. Include the complete name of the health plan (i.e., "BCBS of Illinois" and not "Blue Cross" or "BCBS").

Name of Plan/Entity
Policyholder Name
Policy Number
Medical Condition Covered by Plan/Entity

5. Have you or any Claimant identified in Section II lived in any state other than California since the Fire?

Yes No

If Yes, please provide the other state(s) of residence for each individual.

PRIVATE HEALTH PLAN LIEN RESOLUTION PROGRAMS

The Lien Resolution Administrator ("LRA") may administer one or several Private Lien Resolution Programs (each a "PLRP") with private health insurance plan representatives to identify and resolve private health insurance liens, including those with Medicare Part C plans, Group Health Plans, and employer sponsored self-funded ERISA plans. All settling claimants are automatically enrolled in any established PLRPs.

The PLRP terms are currently being negotiated but are historically advantageous for the vast majority of claimants in settlements because the programs offer pre-negotiated discounts on health plan lien amounts, typically between 30% and 35% (after the LRA's audit review for injury related claims) and caps on reimbursement amounts in high medical claim situations. The programs also provide specified timelines for resolution. And finally, the PLRPs can only assert liens where the law permits.

***** ONLY CHECK THE BOX BELOW IF YOU DO NOT WANT TO PARTICIPATE IN THE LRA's PRIVATE LIEN RESOLUTION PROGRAMS THAT CONTAIN PRE-NEGOTIATED HEALTH PLAN LIEN DISCOUNTS AND REIMBURSEMENT CAPS *****

UPON ELECTING NOT TO PARTICIPATE IN ANY ESTABLISHED PLRPS, I understand that I will not receive the benefit of pre-negotiated lien discounts and reimbursement caps. I further understand that although I have opted out of any established PLRPs by indicating such below, I may still have a health plan lien obligation with my current or former private health insurance plan, including Medicare Part C (also known as Medicare Advantage), and that the LRA may still be required to resolve my lien or liens on my behalf.

I elect to Opt Out of participation in the Private Lien Resolution Programs.

XII. OTHER INSURANCE INFORMATION





CLAIMS QUESTIONNAIRE

1. Did you submit an insurance claim for any property damage or business losses for which you are making a claim, on behalf of yourself or your business? If Yes, provide the following information for each category of insurance coverage, attaching additional sheets if necessary. Otherwise, skip to Section XIII.

Yes
 No

If you have multiple Loss Locations, submit additional pages answering the questions in this section for each location.

Name of Insurance Carrier: Homesite by Progressive

Insurance Policy Number: 32595156

Insurance Coverage Type	What were the Policy Limits?	How much were you paid?	Estimated Amount Not Covered
(a) Dwelling (typically Coverage A)	\$783,000.00	\$783,000.00	\$195,000.00
(1) Extended/Enhanced Replacement Cost Coverage			
(2) Code Upgrade Coverage			
(3) Debris Removal			
(4) Landscaping	\$38,300.00	\$38,300.00	\$144,225.00
(b) Other/Appurtenant Structures (typically Coverage B)			
(1) Extended/Enhanced Replacement Cost Coverage			
(2) Code Upgrade Coverage			
(3) Debris Removal			
(c) Personal Property (typically Coverage C)	\$393,000.00	\$393,000.00	\$121,584.00
(d) Loss of Use / Additional Living Expense (typically Coverage D)			
(1) Rental Loss			
(e) Damage to Business Structure			
(1) Extended Replacement Cost			
(2) Code Upgrade			
(3) Debris Removal			
(4) Business Fixtures			
(f) Business Interruption Loss			
(1) Extra Expense			
(2) Evacuation Expense			





CLAIMS QUESTIONNAIRE

(g) Business Personal Property			
(h) Other			

XIII. OTHER ASSISTANCE

Has any Claimant identified in Section II received support from the Federal Emergency Management Agency (FEMA) and/or a Wildfire Assistance Program payment? If Yes, complete the following table indicating the type of support received, amount received, payment date. List all additional assistance received. Otherwise, skip to Section XIV.

Yes
 No

	Entity Providing Assistance	Name of Recipient	Amount Received	Date Received	Purpose of Assistance
Assistance Source(1)					

XIV. BANKRUPTCY

1.	Has any Claimant identified in Section II been a debtor in a bankruptcy proceeding that (a) commenced on or after the date of the Fire or (b) commenced before but remained open on the date of the Fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
----	---	---





CLAIMS QUESTIONNAIRE

XV. SIGNATURE

By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that (1) all information provided in this Claims Questionnaire, and any attachments or supporting documents, is true and correct to the best of my knowledge, information, and belief, and (2), if I am signing on behalf of a business, trust, estate or other entity, I am duly authorized to sign this Claims Questionnaire on behalf of that entity. I certify that neither I nor any Claimant included in this Claims Questionnaire has transferred my or their right to recover from the Released Parties for any of the claims asserted in this Claims Questionnaire.

I authorize the Trust to access my insurance claims file and claims data in order to process the claim(s) included in this Claims Questionnaire. I authorize the Trust to obtain any and all information related to these claims from my insurer, if necessary to administer the claim(s).

I consent to the Trust sharing personal information contained in this application with FEMA, including all including Claimants' names, Loss Locations and tax identification numbers, and to FEMA sharing the Claimants' personal information with the Fire Victim Trust for the purpose of certifying identity and confirming FEMA benefits.

Claimant Signature	/s/Lisa Alexander	Date	<u>11/10/2020</u>
Printed Name	Lisa Alexander		
Claimant Signature	/s/Ian Alexander	Date	<u>11/10/2020</u>
Printed Name	Ian Alexander		
Claimant Signature	/s/Pari Alexander	Date	<u>11/10/2020</u>
Printed Name	Pari Alexander		
Claimant Signature	/s/Kellan Alexander	Date	<u>11/10/2020</u>
Printed Name	Kellan Alexander		

